## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as address as address, and offer officiations. On indicating a separate FEE ADDRESS for maintenance fee notifications.

| indicated unless correct<br>maintenance fee notifica  | ed below or directed of  | herwise in Block 1, by ( | a) specifying a new c   | orres                   | pondence address   | and/or   | (b) indicating a separ   | ate "FEE ADDRESS" for      |  |
|---|--|--------------------------|---|-------------------------|--|----------|--------------------------|----------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |  |                          |   |                         | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fee(s) Transmittal. This certificate cannot be used for any other accompanying<br>papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission.   |          |                          |                            |  |
| 23.568 /590 07/18/2007  |  |                          |   |                         |  |          |                          |                            |  |
| DINSMORE & SHOHL LLP<br>ONE DAYTON CENTRE, ONE SOUTH MAIN STREET<br>SUITE 1300  |  |                          |   |                         | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |          |                          |                            |  |
| DAYTON, OH 45402-2023   |  |                          |   |                         | Timothy W. Hagan (Depositor's n  |          |                          |                            |  |
|   |  | /Timothy W. Hagan/       |   | ean/                    | (Signature)  |          |                          |                            |  |
|   |  | September 18, 2007       |   |                         | 2007   | (Date)   |                          |                            |  |
| APPLICATION NO.   | FILING DATE  |                          | FIRST NAMED INVEN   | TOR                     | ATTORNEY DOCKET NO.  |          | RNEY DOCKET NO.          | CONFIRMATION NO.           |  |
| 10/722,310  | 11/25/2003   | 2003 Mario               |   | ff DAY 0743 VA/40195.81 |  |          | 0743 VA/40195.811        | 9317                       |  |
| TITLE OF INVENTION: THIN-WALLED REINFORCED SLEEVE WITH INTEGRAL COMPRESSIBLE LAYER  |  |                          |   |                         |  |          |                          |                            |  |
| APPLN, TYPE   | SMALL ENTITY   | ISSUE FEE DUE            | PUBLICATION FEE D   | UE                      | PREV. PAID ISSU  | E FEE    | TOTAL FEE(S) DUE         | DATE DUE                   |  |
| nonprovisional  | NO   | \$1400                   | \$300   | _                       | \$0  |          | \$1700                   | 10/18/2007                 |  |
| EXAMINER  |  | ART UNIT                 | CLASS-SUBCLASS  | Ш                       |  |          |                          |                            |  |
| MCNALLY   |  | 1733                     | 156-153000  |                         |  |          |                          |                            |  |
| 1. Change of correspond<br>CFR 1.363).  | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, |                          |   |                         |  |          |                          |                            |  |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/4*, Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |  |                          | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is slisted, no name will be printed. |                         |  |          |                          |                            |  |
|   |  | A TO BE PRINTED ON       |   |                         |  |          |                          |                            |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.   |  |                          |   |                         |  |          |                          |                            |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |  |                          |   |                         |  |          |                          |                            |  |
| Day Intern  | Dayton, Ohio   |                          |   |                         |  |          |                          |                            |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government   |  |                          |   |                         |  |          |                          |                            |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  |  |                          |   |                         |  |          |                          |                            |  |
|   |  |                          |   | A check is enclosed.    |  |          |                          |                            |  |
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| 5. Change in Entity Status (from status indicated above)  |  |                          |   |                         |  |          |                          |                            |  |
| □ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (I required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark-Office.  |  |                          |   |                         |  |          |                          |                            |  |
| interest as shown by the  | records of the United Sta  | tes Patent and Trademark | Office.   | an ur                   | e applicant, a regi  | sicicu a | ttorney or agent, or the | assignee or other party in |  |
| Authorized Signature /Timothy W. Hagan/ Date September 18, 2007   |  |                          |   |                         |  |          |                          |                            |  |
| Typed or printed name Timothy W. Hagan  |  |                          | Registration No. 29,001   |                         |  |          |                          |                            |  |
| This collection of information is required by 3 TCPR, 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is sported by 58 USC, 122 and 37 CPR, 1311. The including since it estimated to study the 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or Office, USC process the USPTO. The will vary depending upon the individual case. Any comments or Office, USC postured to Commence, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. |  |                          |   |                         |  |          |                          |                            |  |

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